ARIZO	ONA STATE BOARD OF HEALT	H State File No. 113
1. PLACE OF BIRTH	BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE_OF BIRTH	Registered No. // 2
Mill	Da in An	
County	State W W D B	of 531- Miami-
District or Township	N. V.35 Vine Date	St. Ward
R. O	(If birth occurred in a hospital or institution	give its NAME instead of street and number)
2. Pull name of child. Of Meral.	Tora.	If child is not yet named, make supplemental report, as directed.
In event of plural	Win, triplet or other	7. Date Of blith Opr. 9- 1931. Mony Das Year
8. PATHER Full name Marvin Far	14. Pult malden name La	nora Shelton
9. Residence (Usus) place of abode) Muan		Miami
If non-resident, give place and state.	Monta II non-resident, give p	place and state. Washing
10. Color or race  Cauc.  11. Age at last birthda	ay 44 (Years) Cane	17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Frederick	sobura 18. Birthplace (city or place	montrose.
(State or country) Illa	2 (State or country)	Col
13. Occupation	19. Occupation	
Nature of Industry MINIT	Nature of Industry	Louseurle
20. Number of children of this mother	(a) Born slive and now living 5	21. Were precautions taken against opti- thalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	(c) Stillborn	- Jlo
	TE OF ATTENDING PHYSICIAN OR MIDWIF	11:1
I hereby certify that I attended the birth of this chi	(Born alive or stillborn)	m. on the date above stated.
* When there was no attending physician or midwife, then the father, householder, cfc., should make this return. A stillborn	ignature Coffiel M. 10/10	WHID
child is one that nelther breathes nor shows other evidence of life after birth.		(Danis Janes et al., 1997)
\( \( \) \	saraMiami, ar	(Physician or midwife).
a supplemental report.  Month, day, year	Cl. 15 31	Re E Dans
Registrar	Filed Grant 19 Q	Registrar
\$	964 - AMD	725 X